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SERIAL NUMBER 10/642,854	FILING OR 371(c) DATE 08/18/2003 RULE	CLASS 604	GROUP ART UNIT 3767	ATTORNEY DOCKET NO. PGST0001/MRK
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APPLICANTS

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One *PS*

None *PS*

None *PS*

\*\* CONTINUING DATA \*\*\*\*\*

\*\* FOREIGN APPLICATIONS \*\*\*\*\*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\* SMALL ENTITY \*\*  
\*\* 11/11/2003

Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY CA	SHEETS DRAWING 6	TOTAL CLAIMS 22	INDEPENDENT CLAIMS 4
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after <i>Allowance</i>				

Verified and  
Acknowledged  
Examiner's Signature *Philip J. Gaster* Initials *PS*

ADDRESS  
29524

TITLE

Apparatus and methods for transportable medical fluid administration

FILING FEE RECEIVED 435	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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